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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	37401-400900
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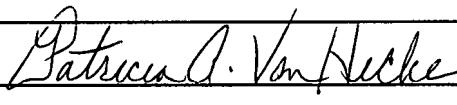
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):  Communication in Response to Notice of Defective Response Check in the amount of \$360.00
<input type="checkbox"/> Remarks  Authorization is hereby given to charge any fees associated with this correspondence to Deposit Account No. 19-1351.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seyfarth Shaw LLP		
Signature			
Printed name	Robert W. Diehl		
Date	October 4, 2007	Reg. No.	35,118

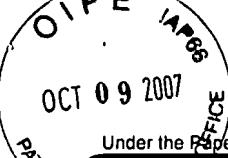
### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Patricia A. Van Hecke	Date	October 4, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 360.00)

### Complete if Known

Application Number	10/588,977
Filing Date	July 2, 2007
First Named Inventor	Trygve Ruste
Examiner Name	Kaya L. Lewis Baltimore
Art Unit	
Attorney Docket No.	37401-400900

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
	- 20 or HP =	x	=	50	25
	HP = highest number of total claims paid for, if greater than 20.			210	105

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 3 or HP =	x	=	360.00	
	HP = highest number of independent claims paid for, if greater than 3.				

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 = (round up to a whole number) x		=

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Multiple Dependent claim fee surcharge

Fees Paid (\$)

360.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 35,118	Telephone 312-460-5557
Name (Print/Type)	Robert W. Diehl		

Date October 4, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/588,977 ) CUSTOMER NO. 27717  
 )  
 Applicant: Trygve Ruste )  
 )  
 Filed: July 2, 2007 ) Confirmation No.: 4252  
 )  
 Docket No.: 37401-400900 ) Legal Instruments Examiner:  
 ) Kaya L. Lewis Baltimore  
 Date: October 4, 2007 )  
 )  
 Title: A METHOD AND TOOL FOR )  
 CLOSED DIE FORGING )

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COMMUNICATION IN RESPONSE TO  
NOTICE OF DEFECTIVE RESPONSE**

Dear Sir:

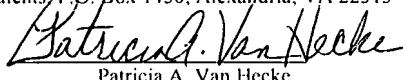
In response to the Notification of Defective Response dated September 4, 2007, (hereafter, "Notice") Applicant submits the present communication. The Notice indicates a fee of \$360.00 (large entity) is due in the above-referenced application as a result of a multiple dependent claim surcharge. However, a Preliminary Amendment, dated June 28, 2007, was filed in response to a Notification of Missing Requirements, amending or canceling all multiple dependencies. Accordingly, no additional multiple dependent claim surcharge should be required.

Certificate of Transmission/Mailing

I hereby certify that on October 4, 2007 this document is being facsimile transmitted (fax #571-273-8300) to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/11/2007 MKAYPAGH 00000137 191351 10588977

01 FC:1616 10.00 DA 360.00 OP



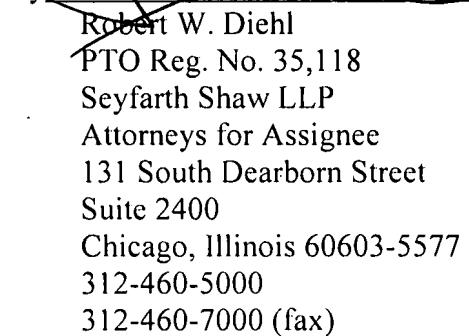
Patricia A. Van Hecke

Appl. No. : 10/588,977  
Amdt. Dated: October 4, 2007  
Reply to Notice dated September 4, 2007

Several calls were placed to and messages left for Ms. Baltimore in an attempt to reconcile this matter. Unfortunately, such calls were not returned. Nonetheless, in an abundance of caution, Applicants are submitting the \$360.00 fee with this communication. A petition to have the same refunded due to PTO error will be filed soon with the necessary Patent Office entity.

Respectfully submitted,



By   
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Attorneys for Assignee  
131 South Dearborn Street  
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Chicago, Illinois 60603-5577  
312-460-5000  
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